

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

0679638

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	<u>13</u>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<u>14</u> minus 20 =	* <u>0</u>
INDEPENDENT CLAIMS	<u>2</u> minus 3 =	* <u>2</u>
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	<u>290</u>
TOTAL		OR	TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

11/7/05

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <u>13</u>	Minus	** <u>14</u> =
	Independent	* <u>4</u>	Minus	*** <u>2</u> = <u>1</u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
	Independent	*	Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
	Independent	*	Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Attorney Docket No.: 6513.200-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FILING UNDER 37 C.F.R. 1.53(b)

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Express Mail Label No. EV 246876868 US  
Date of Deposit October 6, 2003

Sir:

This is a request for filing a patent application under 37 C.F.R. 1.53(b) of

Applicant(s): Henrik Bengtsson

Title: Signal Device With Electro-Muscle Stimulation Feature

19 pages of specification 1 page of abstract

2 sheets of Formal Drawings

3 sheets of unexecuted Declaration and Power of Attorney

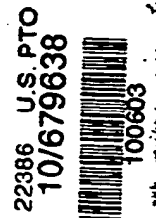
[x] The filing fee is calculated as follows:

Basic Fee:	\$770.00
Total Claims: $13 - 20 = 0 \times 18 =$	\$0
Independent Claims: $3 - 3 = 0 \times 86 =$	\$0
Total Fee:	\$770.00

Priority of Danish application no. PA 2002 01495 filed on October 7, 2002 is claimed under 35 U.S.C. 119.

Priority of U.S. provisional application nos. 60/419,222 and 60/428,880 filed on October 17, 2002 and November 25, 2002 respectively, is claimed under 35 U.S.C. 119.

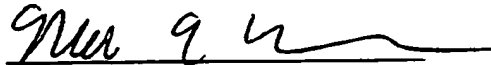
Address all future communications to Reza Green, Esq., Novo Nordisk  
Pharmaceuticals, Inc., 100 College Road West, Princeton, NJ 08540.



Please charge the required fee, estimated to be \$770, with this application and to credit any overpayments to Novo Nordisk Pharmaceuticals, Inc., Deposit Account No. 14-1447. Please charge any additional fees, should they be required, to Deposit Account No. 14-1447. A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: October 6, 2003



Marc A. Began, Reg. No. 48,829  
Novo Nordisk Pharmaceuticals, Inc.  
100 College Road West  
Princeton, NJ 08540  
(609) 987-5800

23650

PATENT TRADEMARK OFFICE

Attorney Docket No.: 6513.200-US

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
EXPRESS MAIL CERTIFICATE**

MS: Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: U.S. Patent Application for  
Title: Signal Device With Electro-Muscle Stimulation Feature  
Applicants: Henrik Bengtsson

Sir:

Express Mail Label No. EV 246876868 US

Date of Deposit: October 6, 2003

I hereby certify that the following attached paper(s) or fee

1. Filing Under 37 C.F.R. 1.53(b) (in duplicate)
2. Patent Application (19 pages of specification, 1 page of abstract, 2 sheets of drawings)
3. Unexecuted Combined Declaration and Power of Attorney (3 sheets)

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450

Rashida Haji

(Name of person mailing paper(s) or fee)

Rashida Haji

(Signature of person mailing paper(s) or fee)

Mailing Address:  
Novo Nordisk Pharmaceuticals, Inc.  
100 College Road West  
Princeton, NJ 08540  
(609) 987-5800

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PATENT TRADEMARK OFFICE

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